

**Mission:**

To protect, promote & improve the health of all people in Florida through integrated state, county & community efforts.



**Rick Scott**  
Governor

**Celeste Philip, MD, MPH**  
Surgeon General and Secretary

**Vision:** To be the **Healthiest State** in the Nation

### Waiver of Confidentiality and Authorization to Release Scores

TO WHOM IT MAY CONCERN:

I, \_\_\_\_\_, hereby authorize the Florida  
(Please print your name)

Department of Health or its agent to release the examination scores maintained as part of my  
Application/licensure files, to the following person(s) or organization(s):

\_\_\_\_\_  
Name of recipient

\_\_\_\_\_  
Name of recipient

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Address of recipient

\_\_\_\_\_  
Address of recipient

I understand that this authorization constitutes a waiver of my right to confidentiality for the information designated to be released, as it relates to the recipient I have named above.

I hereby release and exonerate the Department, its agents, and all staff members who shall comply in good faith with this authorization and release, from any and all liability of every nature and kind growing out of or in any wise pertaining to the furnishing of this information.

\_\_\_\_\_  
Original Signature of Applicant, Registrant or Licensee

\_\_\_\_\_  
License Number

Subscribed and sworn before me this \_\_\_\_\_ day of \_\_\_\_\_, 2017 by

\_\_\_\_\_  
Signature of Notary Public

\_\_\_\_\_  
My Commission expires

**Florida Department of Health**

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**Accredited Health Department**  
Public Health Accreditation Board